

DEPARTMENT OF SOCIAL SERVICES

ECONOMIC ASSISTANCE

CHILD CARE EXPENSE BILLING VERIFICATION

The above amounts do NOT include child care billed to, or paid by the SOUTH DAKOTA CHILD CAR ASSISTANCE PROGRAM, TRIBAL CHILD CARE ASSISTANCE, or any other source. Name of Provider (please print) Signature of Provider Address: Phone Number With my signature, I declare and affirm under the penalties of perjury that this billing verification h				was personally billed \$		
Name Amount Hours Name Amount F Amount Hours Name Amount F	from	15 th through		14 th for child care costs for the		
Name Amount Hours Name Amount	following childr	ren:				
Name Amount Hours Name Amount F Name Amount Hours Name Amount F Name Amount Hours Name Amount F The above amounts do NOT include child care billed to, or paid by the SOUTH DAKOTA CHILD CAF ASSISTANCE PROGRAM, TRIBAL CHILD CARE ASSISTANCE, or any other source. Name of Provider (please print) Signature of Provider Address: Phone Number With my signature, I declare and affirm under the penalties of perjury that this billing verification hexamined by me, and to the best of my knowledge and belief is in all things true and correct.		/\$			/\$	
Name	Name	Amount	Hours	Name	Amount	Hours
Name		/\$			/\$	
The above amounts do NOT include child care billed to, or paid by the SOUTH DAKOTA CHILD CAR ASSISTANCE PROGRAM, TRIBAL CHILD CARE ASSISTANCE, or any other source. Name of Provider (please print) Signature of Provider Address: Phone Number With my signature, I declare and affirm under the penalties of perjury that this billing verification hexamined by me, and to the best of my knowledge and belief is in all things true and correct.	Name		Hours	Name	Amount	Hours
The above amounts do NOT include child care billed to, or paid by the SOUTH DAKOTA CHILD CAR ASSISTANCE PROGRAM, TRIBAL CHILD CARE ASSISTANCE, or any other source. Name of Provider (please print) Signature of Provider Address: Phone Number With my signature, I declare and affirm under the penalties of perjury that this billing verification hexamined by me, and to the best of my knowledge and belief is in all things true and correct.		/\$			/\$	
Address: Phone Number *******************************	Name	Amount	Hours	Name	Amount	Hours
Phone Number ******************************	Name of Provi	der (please print)		Signature of Provid	ler	
With my signature, I declare and affirm under the penalties of perjury that this billing verification he examined by me, and to the best of my knowledge and belief is in all things true and correct.	Address:					
With my signature, I declare and affirm under the penalties of perjury that this billing verification he examined by me, and to the best of my knowledge and belief is in all things true and correct.	Phone Numbe	r				
examined by me, and to the best of my knowledge and belief is in all things true and correct.	*****	********	*****	*******	*******	
Signature of Parent/Relative/Guardian						n has bee
eignatare en raisent telaure, euardian			Sign	ature of Parent/Relat	tive/Guardian	_
			Sign		aro, Caaraian	
Date			Date	<u> </u>		_